## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G85948

Entity Name: CONPLEX, INC.

FILED Mar 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

30 IROQUOIS ST. P O DRAWER 4345 ST. AUGUSTINE, FL 32085

Current Mailing Address: New Mailing Address:

30 IROQUOIS ST. P O DRAWER 4345 ST. AUGUSTINE, FL 32085

FEI Number: 59-2375268 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOPKINS, DAVID R.

30 IROQUOIS ST.

ST. AUGUSTINE, FL 32085 US

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TAMMY TOFTEROO, ASSISTANT SECRETARY 03/24/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DC (X) Change ( ) Addition

 Name:
 HOPKINS, DAVID R.,
 Name:
 JILOT, DENNIS L

 Address:
 30 IROQUOIS ST.
 Address:
 10 WATER STREET

 City-St-Zip:
 ST. AUGUSTINE, FL
 City-St-Zip:
 ENFIELD, CT 06082

Title: DT ( ) Delete Title: DP (X) Change ( ) Addition Name: BELLINI, JOHN Name: YORGENSEN, ROBERT S

 Name:
 BELLINI, JOHN
 Name:
 YORGENSEN, ROBER

 Address:
 204 SAGOVIA RD
 Address:
 10 WATER STREET

 City-St-Zip:
 SAINT AUGUSTINE, FL 32086
 City-St-Zip:
 ENFIELD, CT 06082

Title: DS ( ) Delete Title: DT (X) Change ( ) Addition

 Name:
 BITNER, SHAWN
 Name:
 MORRIS, BARRY A

 Address:
 3 RIDLEY LN
 Address:
 10 WATER STREET

 City-St-Zip:
 PALMCOAST, FL
 City-St-Zip:
 ENFIELD, CT 06082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY A. MORRIS DT 03/24/2005